



CITY OF WEST LAFAYETTE

CITY ENGINEER'S OFFICE

609 West Navajo Street
West Lafayette, IN 47906
P: 765-775-5130 F: 765-775-5249
www.west-lafayette.in.us

EXCAVATION PERMIT APPLICATION

APPLICANT: (Print with ink.)

Name: _____ Phone: _____

Address: _____ Fax: _____

Contractor Name: _____ License No: _____

EXCAVATION INFORMATION:

Location/Address: _____

Purpose of Excavation: _____

Starting Date: _____ Approximate Duration: _____

Will explosives be used: ☐ Yes ☐ No If Yes, please describe: _____

Is the Traffic Maintenance Plan attached: ☐ Yes ☐ No If you are making a street cut, you **MUST** submit a traffic maintenance plan or your permit will **not** be approved

Permit must be received in our office at least two (2) working days, but no more than ten (10) working days prior to starting date with the exception of emergency excavations. Drawing showing location of excavation must also be submitted. Excavation must be completed (permanent patch) ten (10) working days after start of excavation.

NOTE: IF THERE ARE ADDITIONAL EXCAVATIONS WITHIN THIS VICINITY, PLEASE COMPLETE ADDITIONAL FORMS.

No.	EXCAVATION SIZE			AREA EXCAVATED							
	LENGTH	WIDTH	DEPTH	ST = Street		P/S = Planting Strip		SW = Sidewalk			
1.					ST		P/S		SW		other
2.					ST		P/S		SW		other
3.					ST		P/S		SW		other

APPLICANT MUST SCHEDULE THE FOLLOWING THREE (3) INSPECTIONS WITH AT LEAST A FOUR (4) HOUR NOTICE TO THE CITY ENGINEER'S OFFICE AT (765) 775-5130:

1. PRE BACK-FILL (AFTER EXCAVATION IS MADE) INSPECTOR _____ DATE _____ P/F
2. POST BACK-FILL (AFTER ALL FILL HAS BEEN COMPACTED) INSPECTOR _____ DATE _____ P/F
3. FINAL (CITY WILL ACCEPT OR REJECT PATCH) INSPECTOR _____ DATE _____ P/F

I, the undersigned do hereby agree to make this excavation under the supervision and inspection of the City Engineer, and in accordance with the West Lafayette City Code; Chapter 114, "Excavations."

Applicant Representative (Signature) _____

Applicant Representative (Typed or Printed) _____

Date _____

FOR OFFICE USE ONLY

Date Received: _____ Pay at Issue ☐

Total Fee: \$ _____ Bill to Applicant ☐

No.	Permit Number
1.	
2.	
3.	

Permit Approved by: _____ Date: _____

Permit Issued by: Erin C. Allen Date: _____

Remarks _____